UNESCORTED ENTRY AUTHORIZATION CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013,44U.S.C.310, AND EO 9397.

PRINCIPAL PURPOSE: To record personal information on an individual whose duty performance requires entry into DISA / DECC Ogden restricted and controlled areas in order to coordinate with the appropriate official and determine when and what type of entry credential to issues. SSN is used for further identification of an individual.

ROUTINE USES: None.

DISCLOSURE IS VOLUNTARY : Failure to disclose the information and SSN would result in denial of unescorted entry authorization.

PART I, IDENTIFYING DATA. *(To be completed by the requesting individual)*

1. NAME *(Last, First, MI)*	2. ORG SYMBOL	3. GRADE	4. COLOR EYES	5. COLOR HAIR

6. HEIGHT	7. WEIGHT	8. SSN	9. POSITION OR TITLE	10. DOB (DD/MMM/YY)

USER AGREEMENT (COMPLETE 12a &12b)

12. I accept the responsibility for the access badge issued to me for unescorted entry authorization to the area(s) listed below. I will not exceed the authorized access I have been granted. I understand that my access may be revoked or terminated for non-compliance with DISA/DoD security policies. I accept the responsibility to safeguard my access badge from unauthorized or inadvertent modification, destruction, or misuse. I agree to notify the appropriate organization that issued my access badge when access is no longer required.

12a. REQUIRED INDIVIDUAL'S SIGNATURE	DATE

PART II, RESTRICTED/CONTROLLED AREA COORDINATION. *(To be completed by the requesting Individual's Supervisor)*

AREA	ACCESS		DATE	COORDINATING / APPROVING SIGNATURE (*Must be DECC Director, Deputy or Security Manager)*
	YES	NO		
SMC Building				
Computer Room Floor				
75 CS				
DISA				
SCIF				

PART III, REQUESTING OFFICIAL. *(To be completed by the Individual's Supervisor)*

13. NAME *(Last, First, MI)*	14. SIGNATURE 14. SIGNATURE

PART IV, ISSUING OFFICIAL. (*To be completed by the DISA-CDO Security Manager)*

15. CARD NUMBER ISSUED	16. SIGNATURE